



PBM and network

Q: Who do I contact if I have a contracting questions or concerns?

Independent pharmacies may contact Caremark Network Services directly via telephone at 1-480-391-4623. Chain and affiliation/PSAO (Pharmacy Services Administrative Organization) locations may contact their respective headquarters to confirm status.

Q. Who do I contact if I have a complaint?

A. If you have a reimbursement dispute, you need to contact Caremark. If you have other complaints you can contact Amerigroup's provider services department at 1-800-454-3730 or send an email to pharmacynetwork@amerigroup.com.

Claims processing

Q. How should the pharmacy process claims?

A. A pharmacy notice was distributed to the pharmacy network, which includes all of the information on how to bill claims. The member's identification card will also contain the necessary elements for processing a claim.

RxBIN: 004336

RxPCN: ADV

RxGRP: RX4299

Q. Who do I contact for claim processing assistance?

A. Call the Caremark Pharmacy Help Desk on or after November 1, 2012, at 1-800-364-6331 for technical claims processing issues.

Q. Many times a member is assigned to a managed care plan but they don't receive their card prior to needing their first prescription. Who can we call to verify eligibility and get the plans ID #?

A. When the pharmacy knows the member belongs to AGP, they can submit the claim using the State Medicaid ID # and the system will process the claim in the same manner as if the Amerigroup ID had been submitted.

Q: Are pharmacies allowed to provide immunizations?

A: We have set up a flu network, which will enable pharmacies to dispense & administer flu shots.

Q: Will members be allowed to receive 90 day prescription fills?

A: We do not allow 90 day supplies.

Formulary

Q. How can we get a copy of the formulary or PDL?

A. The PDL and formulary are available on our website under Provider Resources & Documents - Pharmacy at <https://providers.amerigroup.com/pages/la.aspx>. You may request a printed version by contacting AGP Provider Services at 1-800-454-3730. The information will also be available at www.epocrates.com.

Q. Are the plans required to have a transition plan?

A. There will be a 90 day transition period beginning 11/1/2012 and for any member new to Amerigroup thereafter. Prior Authorization and Step Therapy requirements will not apply during this period. However, quantity limits, age, gender, and other edits will apply.

Q: What communications will members/providers receive related to transition?

A: We will be sending transition letters to members, which their prescribing provider will also receive a copy of. This letter will list the drugs they are taking that are not on the Amerigroup formulary. It will also include instructions to work with their prescriber to either update their prescription to a drug that is on the Amerigroup

formulary, or to contact the Amerigroup Pharmacy department to request prior auth approval to continue with their current drug.

Q: What are the hotline numbers for provider & member concerns?

A: Provider Services: 1-800-454-3730; Member Service: 1-800-600-4441